I.		. <u>)</u>	Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									09	19.	2515	9	ĺ
سي		Effect		234	ړې	1-30	03	3					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									YTTY	OR	OTHER		
то	TAL CLAIMS		2.1					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED NUMB			ER EXTRA		Basic Fee	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			刘 minus 20= •		• /	' /		X\$ 9=	9	OR	X\$18=		
IND	EPENDENT CL	AIMS	Z minus 3 =					X40=		OR	X80≃		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		
• 11	the difference	in column 1 is	r "0" in c	olumn 2		TOTAL	264	OR	TOTAL				
	C		SMALL	ENTITY	OR	OTHER SMALL							
	25 T TEN TO SE	(Column 1) CLAIMS		(Colu		(Column 3)	1	JIMALL	ADD)-	1		ADDI-	l
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	. य	Minus	- 2	1	-		X\$ 9=		OR	X\$18=		L
	Independent	• 3	Minus	<u>ر</u> •••	}	=		X40=		ОВ	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+135=			+270=		Ι.
										OR	TOTAL		
								TOTAL ADDIT. FEE		OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						1		ADDI-	1		4001	
AMENOMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 2	Minus	- 2		= ()		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	SENDEN	CO AIM	-0		X40=		OR	X80=		
_	FIRST PRESE	ITATION OF MA	Jein ee Jei	CIVOLIV	COMM			+135=		OR	+270=		
. ar										OR	YOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	\(\frac{1}{2}\)	
	Independent	•	Minus	900		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		ĺ
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nun	nber Previously Pa	d For (Total o	rindepend	lent) is the	highest numbe	ar for	and in the ap	propriate bo	x in cc	kma 1.		1

FORM PTO-675 (Rev. 8/00)

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